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JANUARY, 1907

The California Medical Journal

D. MACLEAN, M. D., EDITOR.

Published Monthly

San Francisco, Cal.

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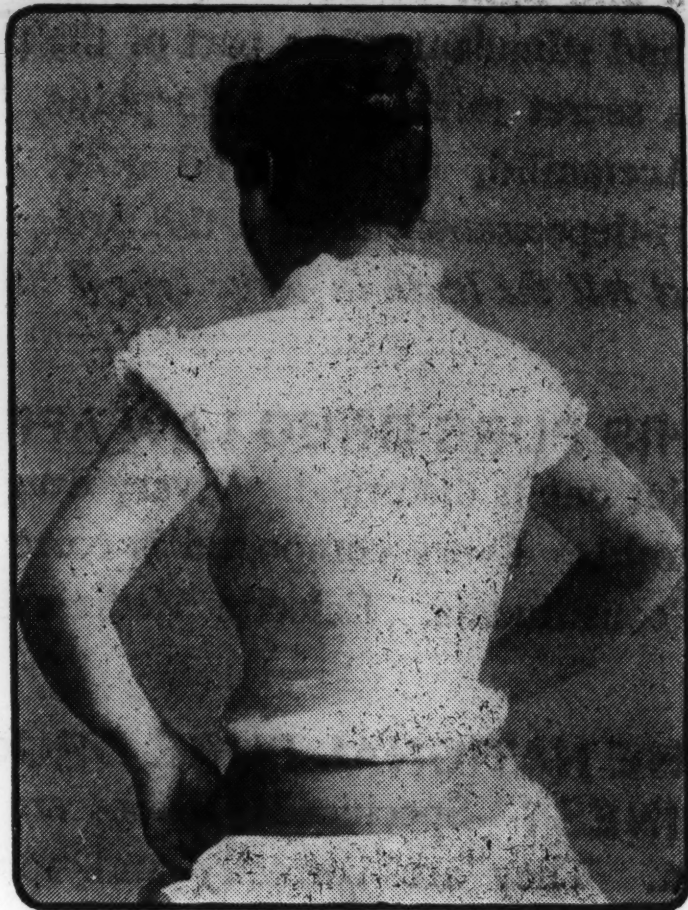
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Office of the Secretary
WASHINGTON

November 1, 1906.

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W. M. HAYS, Act. Sec'y.

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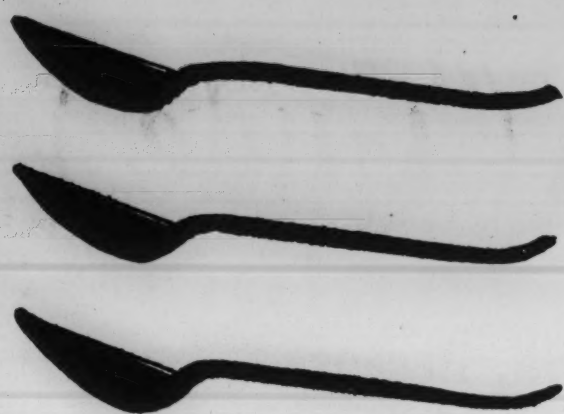
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3d ed., p. 127.

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CALIFORNIA MEDICAL JOURNAL.

VOL. XIX.

JANUARY, 1907.

No. 1.

Pneumonia—What Is It? Methods of Treatment.

THEODORE JUDSON HIGGINS, M.D., PH. G., M. S.

Pneumonia may be defined primarily as an acute inflammation of the lung structure, or disproportion of any of the cellular elements entering into the structure of the lung or any part thereof may be given as a correct definition of this disease manifestation. We are purposely omitting the subdivisions into which this disease expression has been divided by various authors as they are decidedly the cause of much confusion and erroneous methods of treatment, and the cause of many deaths.

First, in every case of true pneumonitis we have marked interference with the respiratory function. The capillaries bathing the air cells become constricted due to excessive stimulation of the nervous mechanism controlling this element of the respiratory function; as a result the muscular fibres contract and these fibres cause

the constriction of these little vessels and the consequent vascular congestion and the stage of so-called red hepatization. Now in order that we may attain the best results at this phase of the disease we must employ methods as early as possible to prevent as far as practical the occlusion of these ultra important structures and cause the subsidence of the irritation of the nerve elements entering into the structure of the parts. Early in the case fractional drop doses of spec. aconite, say, one-third drop doses every half hour to effect, the hot foot bath, the external application of a thick ointment prepared with lard and the comp. lobelia powder of the American Dispensatory, King and Lloyd. This to be renewed as fast as dry. The powder to be well rubbed up with olive oil before mixing with the lard, and then applied directly to

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the bare chest, same as one would apply antiphlogistine; we thus get the effect mechanically of antiphlogistine, and furthermore we have the therapeutic effect of the comp. lobelia powder through epidermal absorption, and this is sometimes quite marked, in some cases producing great relaxation of the entire muscular system, and profuse perspiration with nausea and even vomiting, but produces no permanent evil results, and on the contrary aborts the disease to that extent that it does not run its full course. If the pupil of the eye is contracted gelsemium in appreciable doses is the indicated remedy combined with the aconite. If the pupil of the eye is dilated and the patient drowsy and dull between intervals of coughing, one-third drop doses of belladonna is the indicated remedy, combined with the aconite.

Second, later in the disease, when called where hepatization is marked, no chance to cut short the disease process, we prescribe, to prevent vascular infiltration, to prevent microscopic hemorrhage:

R Spec. med. ipecac. minims, v.
 " " sanguinaria, ms. xv
 Chloral hydrate, crys. grs. x.
 Pure honey or syrup. of gum arabic, q. s. oz. iv.

M. Sig. Teaspoonful every hour.

The administration of hot mutton broth, or, when unobtainable, the expressed juice from raw beef sparingly salted, in tablespoonful doses followed by hot water in moderate quantity every two or three hours. In the morning two raw eggs thoroughly in-

corporated in a cup of hot coffee will be frequently tolerated and assimilated, and the coffee will improve the innervation of the heart. Gentlemen, in every case of pneumonia employ the comp. lobelia plaster as herein recommended, steer away from all coal-tar derivatives and you will cure a far larger percentage of cases.

When called to a case where serous infiltration is marked, the patient is expectorating bloody pus-like mucous the application of the plaster is in order, and the internal administration of:

Spec. jaborandi, dr. ss.

" cactus, dr. ss.

Aq. pura, qs. oz. iv.

M. Sig. Teaspoonful every hour.

Strychnianæ sulphate 1-30 gr. twice daily.

Iodized lime, the best preparation I know of is Abbott's calcidin, prepared by Abbott's Alkaloidal Co., one grain doses every three hours. It promptly assists in rendering more fluid the exudate and relieves the choking sensations from which the patient is suffering. The jaborandi increases absorption, increases the opsonins in the blood, looking at the matter from this view point, and markedly advances the tendency towards recovery. The cactus is a true tonic to all muscular structures partaking of the nature of heart muscle and so is of marked value at this time. The violet ray as produced through the agency of good static electricity applied to spinal column for five minutes is good treatment for hospital patients; it should not be applied more than

twice daily, and then the application should be restricted to the dorsal region between the scapulæ.

During the early stage of convalescence we recommend:

- R Spec. trifolium, dr. ii.
Spec. berberis aquifol. dr. iv.
" collinsonia, dr. iv.
Simple elixir, q. s. oz. iv.

M Sig. teaspoonful after each meal.

If fecal matter is gray in color and appears like clay that is moist, I advocate the use of Prof. Howe's formula:

- R Comp. tonic mixture, dr. i.
Simple syrup, q. s. oz. iv.

M. Sig. Teaspoonful before each meal thrice daily, to be given in connection with the trifolium comp. as before mentioned.

The dietary at this stage should consist of eggs; raw eggs, fried eggs, boiled eggs, eggs poached, eggs any old way to conform to the patient's ability to assimilate and appropriate;

good beef properly roasted, wild meats when obtainable, venison steaks, or bear steaks, are amongst the best; good roast mutton is next to wild meat.

Bread stuffs—corn pone and corn and rye bread, whole wheat bread, graham bread, etc.

Potatoes sparingly.

Fruits—Apples, peaches, pears, oranges, stewed prunes, grapes, in season. Vegetables, such as carrots, tomatoes, green peas, string beans, spinach, young cabbage and asparagus are all good for the convalescent.

Milk as an article of diet is all right if properly peptonized, but will constipate in many instances if not treated as mentioned.

Unfermented wine properly prepared is all right, but as a rule alcoholic beverages should be used with caution, and in many cases interdicted.

The tonic static breeze thoroughly and intelligently applied will prove of undoubted value during the stage of convalescence.

Cypripedium Pubescens.

BY JOHN ALBERT BURNETT, DEAN SPRING, ARKANSAS.

Lady slipper is the common name for *cypripedium pubescens*. Many physicians do not know anything about this remedy as it is very rarely mentioned in medical literature. Although it has been used for quite a number of years by certain classes of physicians, *cypripedium* was a very

important remedy with Dr. Samuel Thomson, the founder of the physio-medical system of medicine. In fact this remedy has not been used to any great extent only by physio-medical and eclectic physicians. When a physician once becomes acquainted with *cypripedium* in actual practice he

will generally always use it, for it is a remedy that does not have such an extremely wide range of action but one that fills its place well when it is indicated.

Dr. R. J. C. Hamilton in speaking of cypripedium, says:

"A relaxing nervine indicated in almost all forms of nervous debility, or undue excitement."

According to my experience Dr. Hamilton is right in what he says, as I have found that cypripedium is a very important nervine and can be used in almost any case of derangement of the nervous system with benefit, or at least if it does no good it will do no harm, as it is a non-toxic agent and safe in all conditions. If I was limited to only one nervine of the vegetable kingdom I think it would be cypripedium or scutellaria lateriflora, and I believe that cypripedium really has a wider range of action than scutellaria. I am satisfied that cypripedium has more powerful influence on the human body than scutellaria. Both cypripedium and scutellaria are useful remedies, and in my opinion neither one is a substitute for the other, but each should be used on its own indications.

I will quote as follows from one of my articles "Cypripedium Pubescens," page 251, October, 1906, *Medical Summary*. (Although this article was credited to Dr. J. M. G. Jenkintown, Pa., I was the writer, and it is a strange thing to me why an editor or publisher will get the wrong name to an article) "Cypripedium very much resembles scutellaria in its ac-

tion. I consider it superior to scutellaria as a relaxing nervine, but scutellaria is the best stimulating nervine. Cypripedium, like gelsemium, is indicated when the pupils are contracted and the patient drowsy; while scutellaria, like belladonna, is indicated when the pupils are dilated and the patient restless."

I consider that cypripedium has a more powerful influence over the sexual organs, especially the female sexual organs, than scutellaria, but scutellaria has a more powerful effect upon the heart.

Another writer in speaking of cypripedium says: "It is a nerve stimulant useful in hysteria, neuralgia, insomnia, delirium and all cases of irritability, especially in those peculiar to females; it promotes sleep without acting distinctly as a narcotic.

"Ladies slipper is anodyne, diaphoretic, and is prescribed in functional disorders of the cerebral and cerebrospinal centers characterized by abnormal reflex excitability; in insomnia due to cerebral hyperemia and the restlessness attending pregnancy.

"Being devoid of narcotic effects it may be safely given to children to tranquilize the nervous system and induce sleep."

During the teething period cypripedium is of much value in order to prevent restlessness and produce sleep. In summer complaint it is a valuable nervine to be associated with myrica and capsicum. In chorea cypripedium is often very useful. Subsultus tendinum of typhoid fever can be relieved by cypripedium. In many

simple fevers where secretions are not free and a nervine is indicated cypripedium asclepias and lobelia is good. Parke Davis & Co's. Organic Materia Medica says:

"Ladies' slipper (cypripedium pubescens)—Willdenaw (Rhizome) synonyms—moccasin flower, American valerian. Properties: tonic stimulant, diaphoretic and antispasmodic. It is said to be valuable in all cases of nervous excitability unconnected with organic lesions, allaying the irritability, lessening pain, producing a calm and cheerful condition of body and mind, and consequently favoring mental tranquility or sleep. It has been used in hysteria, chorea, nervous headache, wakefulness, and morbid sensitiveness of the nervous generally, especially of the eye. Valuable as a substitute for opium in the treatment of children."

Cypripedium is sometimes classed as a diaphoretic, but I have never seen any diaphoretic action from it, although it is a valuable remedy to combine with such diaphoretics as amphiachyris dracunculoides, asclepias tuberosa and corallorhiza odan-torhiza and many other similar agents. I consider cypripedium a very good antispasmodic and especially if combined with lobelia. The action of cypripedium on the nervous system is its main and most important action. Its use in hysteria should be more generally known as it is a very important remedy in this condition, and its action is extremely important in morbid sensitiveness of the nervous system. In many of the chronic nervous diseases cypripedium will give better results when combined with myrica than when used alone.

Some Observations on Head Injuries.

BY LE GRAND GUERRY, COLUMBIA, S. C.

Read before the Association of Seaboard Air Line Railway Surgeons, July, 1906,

Quite a number of head injuries occurring in my practice within the last eighteen months, some of which were so very unusual and the lessons taught so very striking and emphatic that the temptation to present them to you for consideration was irresistible. For some time it has been my belief that this was a department of operative surgery, the true significance of which is not fully appreciated by the average medical man; if the in-

jury is extensive enough to produce unmistakable symptoms, the course to pursue is quite clear, but how often do we see doctors, and good ones at that, waiting on definite localizing symptoms, which may never occur, before they decide for radical relief? To be successful in brain surgery we must give to every head injury the benefit of the doubt. How often do we see cases of traumatic epilepsy the result of procrastination and delay?

No injury to the head is so slight as to merit our disregard, and none so extensive as to be utterly despaired of. The burden of our theme is this, that if the symptoms present in any given case do not demand intervention, they most surely demand the strongest possible reasons for non-intervention. To mention a concrete instance: a boy, aged fourteen years, was struck over the left motor cortex by a piece of coal from an engine tender; he was rendered unconscious for about six hours, after which time his mind was perfectly clear; pulse, temperature and respiration remained normal; the attending physician advised against operation because of the very rapid improvement in the boy's condition. To make a long story short, we did a craniectomy on this case for epileptic convulsions within fifteen months, and a depressed fracture of the internal, table over the Rolandic fissure about one inch in diameter, was found. A penny wise and pound foolish policy was the cause of this mistake, and what is the result? You know, gentlemen, as well as I do that this case may get better, and on the other hand, he may go from bad to worse.

Contrast this uncertainty and positive danger with the almost certainty of radical relief and minimum risk from a clean and scientific operation, which if it does not actually cure can do no harm. The pathological lesion in these cases must be removed at once, whether the pressure be due to depressed fracture, hemorrhage or what not; the symptoms must be re-

lieved before the destruction of brain tissue is permanent, before habit is established and before a path is formed.

We must all admit that we meet with very extensive intra-cranial lesions with little or no external evidence of it, and that at times the extent of damage done is out of all proportion to the symptoms produced; one must always remember how fallible facial signs are, but even so "a localizing sign is of far greater value than any external evidence of injury as an indication for the proper point of operative attack."

The following history of a case is interesting: Mr. P., white, aged 55 years, was dealt a blow over the right cranial vault by a highwayman about 10 o'clock at night; the next morning he was found about two miles from the spot where he was injured; the mental hebetude was marked and he recalled absolutely nothing that had happened; he could walk and had good use of both hands; pulse 70, respiration 19; the only symptom of note being his mental condition, and this improved much during the day. He was sent to the Columbia Hospital the next night, where I saw him for the first time. The operation revealed a compound depressed fracture about the size of a silver dollar immediately in front of the Rolandic fissure, with the loss of brain tissue and several pieces of a stiff hat were imbedded in the brain substance; the depression was relieved, the wound cleansed and drainage established; recovery followed.

The following case is one of un-

SOME OBSERVATIONS ON HEAD INJURIES.

7

usual interest on account of the location of the clot and the almost entire absence of any symptom: A colored boy, aged 23 years, was seen by me in consultation about twenty-four hours after recovering from a blow on the left side of his head, there were absolutely no symptoms of any kind present except a very slight spastic paralysis of his right arm, which the attending physician said had gotten very much better; the patient was up walking about, apparently in fine condition; no external evidence of injury was present; on account of this one localizing symptom operation was advised and consented to; the Rolandic fissure was exposed by an osteoplastic resection of the skull; no depression of the external table being found and no extra-dural hemorrhage present, the dura mater was opened for about an inch; immediately on opening the dura there extended from the brain substance a clot of blood perfectly formed, about the size of a pigeon egg. This hemorrhage did not come from any of the dural vessels, but was really from the vessels of the pia-mater into the sub-arachnoid space. Recovery followed prompt and uninterrupted, with complete and permanent relief of all symptoms; had he been left alone undoubtedly a traumatic epilepsy would have been the sequel. No further comment on this case is necessary, as the lesson that it teaches is so plain that "he who runs may read." This case also illustrates the fact that when external evidence of injury is absent we have to depend entirely on the focal signs

for diagnosis. A paper on this subject should not be concluded without some mention of the "symptom free interval in meningeal hemorrhage." The following definition as given by Connell is admirable: "By 'free interval' is meant a practically symptomless period of consciousness, which follows a primary transitory unconsciousness, and precedes a secondary increasing and permanent loss of consciousness; this condition being usually found in association with a head injury."

The most common explanations of this phenomena, as collected by the above mentioned author, are as follows:

1. The time in which the dura is being separated from the skull. Sir Charles Bell, in 1816, found that the dura was intimately attached to the inner surface of the skull, and that a blow or fracture caused a separation of this structure, in this way forming a space in which the blood could accumulate, and as this mass of blood increased in size its force became greater and more dura was detached. In this manner large clots were formed, and finally pressure symptoms appeared.

2. Another explanation may lie in the fact that immediately and soon after the injury, the artery will not bleed rapidly, on account of the lower arterial pressure, due to concussion of the brain and the shock of the injury.

3. Again, after bleeding has been started, noticeable pressure will be exerted sooner if a large vessel is

divided than if a smaller branch is the source of the hemorrhage.

4. The length of the interval will depend upon the size as well as upon the situation of the clot. A large clot at the vault or over a silent area may give rise to no symptoms, a smaller one at the base or over the motor area of the brain, owing to the adjacent important structures, may cause very marked manifestations of its presence.

5. Another cause of the delay in the onset of pressure symptoms is the possible escape of blood through a fracture of the skull into the subaponeurotic space.

6. Hutchinson considers the termination of the free interval to be due to a secondary hemorrhage which may come on after a varying length of time, and may be caused by unusual exertion, coughing, straining, great mental excitement or suppuration. Towers reports a case in which such an explanation seems quite rational.

7. As a result of the hemorrhage, there is an accumulation of blood within the cranium, and hence an increased intra-cranial tension, which at first produces compression of the veins and lymphatics. The obstructed venous return increases the blood-pressure in the arteries, and the circulation continues as usual. The cells are supplied with sufficient nourishment, and they functionate in normal manner.

This is the stage of "compensation" of Kocher, and corresponds to the free interval. Headache, caused by pressure on the dura, is as a rule

the only symptom noticed. With a loss of this compensation there is a lack of nutrition, and in turn an interference with function; pressure or localizing symptoms develop and free interval is terminated."

A case of my own illustrates very beautifully the free interval, and also shows how long a time symptomless period may exist. Mr. S. was struck with a knife blade over the left Rolandic fissure; the knife blade was removed at once and no symptoms, beyond a transient hebetude, were present; indeed the patient, who lived in the upper part of the State, went to work on the next day. Twenty-one days after receiving the injury he noticed that he was losing the use of his right arm and leg; this condition rapidly increased, and when I saw him for the first time, four days later, he was in a profound coma; pulse 40, temperature 98, respiration 10, with complete paralysis of the right half of his body; skin cold and clammy. Operation was performed at once, and we found over the left Rolandic fissure a large subdural clot. The recovery in this case was very slow and tedious, but at this time, ten months after the operation, he was able to do ordinary work.

Allow me to add that we do not mean to advocate indiscriminate and senseless operating, but we do repeat what has already been said, that if the symptoms present in any given case do not demand intervention, they most surely demand the strongest possible reason for non-intervention. —*The Charlotte Medical Journal.*

Principles of Mechanical Support.

BY C. D. NAPIER, M.D.

By mechanical support is meant artificial means in aiding nature to overcome a disease, injury or defect. This support is obtained by steel, plaster of paris, celluloid, leather, or wooden splints. It is indicated in diseases of the bones or joints, or fractures or dislocations, and in certain injuries, defects and malpositions. When the surgeon is called upon to assist healing by placing the part at rest or protecting it, he should understand thoroughly the general principles of mechanical support as well as those specially pertaining to the case in hand.

One of the cardinal principles of mechanical support is that it is an aid only and not the whole treatment. This is the most important principle, and yet the one least appreciated by many. It is flagrantly disregarded or not understood by the instrument and shoe makers who treat flattened arches of the feet solely with the insole, and disregarded as well by the physicians who think they have done their duty by such a patient when they send him to a brace maker for a plate. The causes which have produced this condition—improper shoes, faulty position of the foot in standing a walking—are not explained to the patient and corrected; and instruction in exercising and toning up the weakened and over-stretched muscles is neglected—all of which are just as important, if

not more so, than the supports. And so also in dealing with the so-called "bete noir" of orthopedics—lateral curvature of the spine—the brace or plaster corset alone is not scientific, nor is the exercise treatment alone sufficient in all cases—as practised by Bernard Roth, of London.

Heather Bigg, of England, has recently written on the use of the brace in lateral curvature, claiming that the exercise treatment and plaster of paris treatment are of no avail. He has probably either had no experience with those methods, or if he has tried them, has not properly adapted them to the individual case. The love of the brace has blinded him to the good in the others. The two should be intelligently combined where indicated. Were these patients brought under proper care early, this condition would not be considered so much of the "bete noir." Fractures are not neglected and therefore not dreaded. Even phthisis in its early stages is now looked upon with less fear. And the weak arch if seen in its incipency and cared for with proper regard for its normal functions and position, may never require mechanical support; and we might be spared the difficult management of the neglected or antirheumatic treated, badly deformed flat foot. In those unfortunate cases of infantile paralysis, so much may be accomplished by mus-

cle development, and later operative interference to correct deformity or by tendon transplantation or arthrodesis to give more stability and strength to a joint. Yet the brace is invaluable to aid the other methods.

It must be remembered that the artificial support, when applied, largely takes the place of nature's support—the muscles; and when muscles are not used, they become weakened. Where complete rest and fixation are not required for the cure of the disease or in the convalescent stage of Pott's disease or other joint diseases when constant fixation is no longer necessary, the muscles must be exercised in order that they may regain their tone and functioning power. That brace weakness always follows brace use is another principle which must be reckoned with.

In adjusting the steel, the pressure must be real where needed, but unnecessary pressure avoided, and good support obtained to the weakened part. The ordinary shoemaker's sole plate gives upward support only and does not take into account the sliding inward of the astragalus, and this may take place and marked valgus result while the foot is resting on this inefficient support. The commonly used short hip brace does not fix the diseased hip, if fixation is sought for. In the case of the fracture, the general rule is to fix the joint above and below with the plaster or splint, so in fixing a joint, the apparatus should extend well above and below the joint. A plaster dressing for fixation of the knee, when carried only to the middle

of the thigh, as is so often the case, allows at least 10 per cent. of motion in the joint. Protection should be made in all directions. The common method applied with fracture of the neck or upper third of the femur—traction with a long side splint—does not take into account antero posterior motion. The daily application of the bed pan, usually by a semi-trained nurse, produces motion at the point which should be completely fixed in order to obtain union. Posterior support over the buttock is most important, either with the splint, or better, plaster of paris.

Prevention or correction of deformity is another important point to study and carefully to work out in using any mechanical appliance. Whether treating Pott's disease, joint disease, lateral curvature, weak foot, paralysis, or fractures, it is known that deformity, that is, bad position, is almost sure to result if nature is not assisted in the right way. The anatomical condition and physiological functions of the part must be understood to appreciate what deformity it tends to, and then, by proper application of force in adjusting the appliance, that tendency must be counteracted. This problem may be a simple one or complex, owing to divergent action of muscles. The principles, however, are simple. In paralysis it is certain that, given a loss of power in one group of muscles, the opposing group tend to contraction and shortening, or if the affected group be merely weakened, the result is the same, but comes more slowly. It is an important point

to recognize that muscles partly paralyzed, if allowed to be on the stretch, recover with difficulty, but if well supported and shortened up, regain their tone more quickly and more completely. An early case of infantile paralysis may often be much benefited by immediate application of steel or plaster of paris support. How many instrument makers can appreciate the value of these seemingly small points, or, if they do, can understandingly apply them to an individual case? Yet these mechanics are constantly treating such cases with their braces. The surgeon should study the case and be in control, the maker of the brace adjusting it under his direction.

The instrument maker should be what he is—a mechanic, not a surgeon. However, they do not hesitate to handle even a patient with Pott's disease. The writer has seen such a case which had been treated—or, more correctly, maltreated—by one of the best known and highest priced firms in New York, where, with the disease in the upper dorsal spine, a brace had been applied which held only the spine below, barely reaching up to the affected point. The parents, supposing the child was receiving proper care, allowed the case to go on, until extreme deformity resulted.

In diseased joints, or joints where the motion is restricted from any cause, the tendency is toward flexion, in the hip, flexion and adduction. Consequently the fixation or supporting splint should aim to preserve extension. Exception should be made with the elbow, where the flexed posi-

tion is a more useful one in case of resulting ankylosis. When plaster of paris is applied to the ankle joint, whether for disease or fracture, the right angle position should be maintained that the tendo Achillis may not be too shortened for easy walking, with also some inversion to prevent a subsequent valgus with resulting flat foot.

Nature must be made to aid us. The severely paralyzed child cannot walk, consequently the muscles which have some power are not stimulated by use to recover that power, and they become still more atrophied. Such a child well braced is put on its feet, is made extremely happy thereby, and muscular action is improved. The use of the crutch to take the place of a partly paralyzed leg is bad treatment. The leg which might become very useful if mechanically supported goes on to greater atrophy and greater shortening till it becomes a mere appendage.

The influence of growth on deformity is considerable. This is justly emphasized in Dr. Judson's excellent book on that subject. The limb should be carefully held in a normal position, that the bones may develop normally and not be subjected to abnormal pressure.

While treating one part, thought must be taken of the rest of the body. If one leg be shorter than the other the pelvis will be tilted and the spine thus curved. If this vicious position be maintained for some length of time, lateral curvature will likely result. In the application of the brace to hip

disease, care must be observed that it does not become too short. In infantile paralysis one limb is usually shorter than the other. This should be equalized by building up the shoe. When the plaster jacket is applied not sufficiently low to include the whole abdomen, or the canvas apron of a Taylor spinal brace is too short, the abdominal contents will make too much pressure at the rings, with often a resulting hernia, which is favored also by the weakness of the abdominal muscles.

The material to be used in the appliance is often decided in favor of that with which the surgeon has had most experience. And so we will see Pott's disease, for example, treated largely by some with plaster of paris, and by others with a steel brace. For thorough fixation the plaster is the more satisfactory; therefore, as a general rule, when there is active inflammation it relieves the symptoms quicker and the diseased process is better controlled than with any form of brace; but as in everything else, the individual case must be studied. The assistance to be expected from the parent must also be considered. Where nothing but ignorance and carelessness or too much sympathy may be expected, one feels safer to lock up the joint or spine in plaster, rather than a brace which is easily removed.

To secure the best results a combination of different kinds of support is often essential. Hip disease may be well treated with fixation by means of a plaster spica in addition to a

short hip brace, which acts as a crutch to take the weight off the joint. A paralyzed foot may be partially supported by a brace and partly by building up the shoe on the inner or outer side to prevent either a valgus or a varus. The knock-knee brace may be aided by raising the inner side of the shoe to take some of the strain from the ligaments on the inner side of the knee.

The older child or adult who is condemned to the use of the brace thinks much of its unsightliness. It should therefore be made as neat as possible, the steels approximating the limb as closely as allowable, and unnecessary steel avoided. Often an extra stocking with the foot cut off may be drawn over it, making it much less conspicuous. The patient will then not be so tempted to discard an important support. A child can be taught to limp much less by securing a more nearly normal rhythm of step—a limp being merely a break in the normal rhythm.

These are merely suggestions relative to the general principles of support. They must, of course, be applied rationally to the individual case. And it is a sensible proposition that the surgeon is the one to apply them, and that this duty should not be delegated to the maker of the steel, who has not the knowledge of the anatomy and functions of the various parts of the body to properly apply the principles.
—*Brooklyn Medical Journal*.

In performing operations on the neck, make the skin incision parallel to the muscular plane.—*American Journal of Surgery*.

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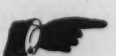
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The most knowledge in a limited space is demanded everywhere and it will be found that these are the only kind of books that will be read. I congratulate you and bespeak for your book a worthy support. Albert J. Atkins, M. D.

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The work is a credit to the school you represent. I can commend the work to every physician whatever his doctrine as to drug action or political divisions. Herbert T. Webster, M. D.

While the work is broad in its scope, it does not neglect the essentials but has kept the size in convenient bounds by omitting much useless data which so often encumbers the text books. Wm. C. Bailey, M. D.

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964 Dolores St., San Francisco, Cal.

Editorial.

Pure Food Law.

The National Government has, after many years, passed a pure food law. It however applies only to Interstate Commerce. It does not apply to productions of a State when sold in the State. Maine can sell her own people glucose for pure maple syrup, but if she sells in California it must be labelled glucose or whatever the contents of the package may be. California may sell her own people adulterated grape juice for pure wine, but she cannot sell to New York under a false label. Interstate Commerce is protected but State Commerce is not.

Every State should pass the equivalent to the National law, with provisions for enforcing penalties for violation. The legislature of this State is now in Session and we hope before adjournment to see a State law passed similar to the National law.

The government has appointed about five thousand specials to enforce the law, several of which are in this city now.

It may not be conducive to digestion to have on the label of your condensed milk that it is kept pure by

formalin, or that your wine has boric or salicylic acid to prevent fermentation; but its right that the package should state exactly what the contents are. If people want to eat or drink adulterated goods, they should do it knowingly. If people want pure food they should have it. Any one imposing on the public should be punished.

Medical Legislation.

At the last meeting of the Eclectic Medical Association of this State, a committee was appointed on Medical Legislation. We wonder what has become of its members. We wonder whether the President and Secretary have forgotten the existence of the Committee, or whether they have forgotten that they exist themselves—as far as the Eclectic profession is concerned.

We understand a bill is to be introduced to make certain changes, but what those changes are we are not advised. The only just bill is three distinct Boards, or equal representation of each school on one Board. Also a standard of education for entrance, the studies to be pursued, and the number of hours devoted to each study, with final examination by the State. The diploma to be the evidence of qualification to practice medicine and surgery.

Dr. B. N. Childs has returned to San Francisco and opened an office in his old location, Union and Hyde streets. Earthquake and fire may

drive out a San Franciscan, but he will return.

Dr. Jones, of Medford, paid another flying trip to the city. The doctor likes the burnt district, the Rio automobile, and Samuel's wisdom.

Dr. J. P. Martin, of Lovelock, Nevada, came to town for the holidays.

Dr. J. Park Dougal of Los Angeles was in town during December, on business of the State Board.

National Eclectic Medical Association.

I wish to call your attention to our meeting to be held at Long Beach, Cal., in June. A rate of one fare for the round trip has been secured, the lowest to my knowledge, to the western coast for years. It is my intention as soon as routes are definitely fixed to announce the rates from central points in various sections of the country. I, with the assistance of Drs. Scudder, Ellingood and Howes, am endeavoring to arrange a route or routes that will require the shortest possible time and the least expense consistent with the greatest amount of information and pleasure obtainable. If you have any suggestions in the matter please write me, as I will greatly appreciate your interest in this question.

H. H. HELBING,
Cor. Sec'y.

Physicians who are interested in the study and legitimate practice of the physical (drugless) therapeutic methods, notably electro-therapy, photo-

therapy, mechano-therapy, hydro-therapy, suggestion and dietetics, are invited to join the American Physiotherapeutic Association. Address the Secretary, Dr. Otto Juettner, No. 8 W. Ninth St., Cincinnati, Ohio.

The officers for the ensuing year are: President, Dr. H. H. Roberts, Lexington, Ky.; Secretary, Dr. Otto Juettner, Cincinnati, Ohio; Treasurer, Dr. Geo. H. Grant, Richmond, Ind.

Executive Council: Drs. W. F. Klein, Lebanon, Pa.; Jas. Hanks, Brashear, Mo.; J. W. Unger, West Point, Miss.; Chas. S. Northen, Talladega, Ala.; R. W. Gibbes, Columbia, S. C.; S. J. Crumbine, Topeka, Kans.; A. L. Blesh, Guthrie, Okla.

NEWS ITEM.—For the enlargement and betterment of the Oklahoma Medical News-Journal beginning with January 1907 issue, the Okla. Medical News-Journal will have a new Editor, Y. E. Colville, B.S., M.D., of Chattanooga, Tenn. Dr. Colville has bought a half interest in the Journal, and will devote his entire time to the editorial department, while Dr. Phelan will be the business manager. In this way the Journal will be greatly benefited and enlarged, and will be more valuable to the profession than heretofore.

"Our readers will note from the new Antikamnia advertisement which appears in this issue, that The Antikamnia Chemical Co., was prompt to file its Guaranty under The New Pure Food and Drugs Act, their Guaranty number being 10; which

means that of all the Food and Drug Manufacturers in the United States, only nine filed their Guaranty in Washington before that of The Antikamnia Chemical Company.

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NERVOUS EXHAUSTION.—Just as the continued administration of the Hypophosphites produces more solid bones whose chemical composition is "natural," so there are good grounds for holding that the steady, persistent use of the hypophosphites will tend to produce a more complete development of an imperfectly evolving nervous system.

A SHEET ANCHOR IN PNEUMONIA.

By S. W. Umstot, M.D. of Hagerstown, Md.

Two years ago I began to use Antiphlogistine in the treatment of pneumonia, and it has proved my "sheet anchor" ever since. My custom is to make daily applications, and by using it in this way I am able to hold the disease in check. Antiphlogistine reduces the inflammation without reducing the patients' strength, and owing to its many virtues, is strongly

to be recommended as an adjunct in the treatment of pneumonia.

A few cases follow:

Mrs. G.—Was called January 28, 1905. An examination proved lobar pneumonia, in the upper lobe of the right lung. I applied hot Antiphlogistine and the cotton jacket. Next day the patient was doing well. I renewed the dressing daily for four days when it was discontinued, as the necessity for its use had passed away. The recovery was uneventful.

Mr. K.—Was taken ill April 12th, 1905, with his second attack of double pneumonia. I at once applied Antiphlogistine and a cotton jacket, and renewed the dressing daily. In two weeks he was sitting up, and he made an uneventful recovery.

Mrs. D.—A woman with a tubercular diathesis, was stricken with pneumonia of the right lung, December 4th, 1905. Antiphlogistine and the cotton jacket were used as in the preceding cases. I discontinued my calls in twelve days, after a complete cure.

Mrs. S.—Was called Feb. 22nd, 1906, and found double lobar pneumonia. Applied Antiphlogistine, hot, then daily until the eighth day when the crisis was passed. Antiphlogistine was of inestimable assistance in this case.

Mr. A., 45 years old.—I first saw the case April 22nd, 1906, found a double lobar pneumonia with pleurisy of the left pleura. I at once applied Antiphlogistine as hot as could be borne, and used it daily for twelve days. On the sixth day the evening

temperature registered 105.8°. The temperature dropped by lysis and he made a good, although slow recovery.

"Salicylates act at least in two ways in the body. In the case of acute articular rheumatism, in which they are supposed to exercise a specific influence, they probably act deleteriously upon the micro-organism which is responsible for the malady, whereas in the case of chronic rheumatism or gouty conditions depending upon diathetic states they produce some influence upon metabolism or the oxidation processes in the body which we do not understand, but of which we are therapeutically certain."

It is of the greatest importance therefore that the salicylic acid administered should be from natural sources and not the synthetic product. Physicians can rely on the fact that all the salicylic acid in Tongaline is made from the pure natural oil of wintergreen and that it does not possess the disturbing effects of the salicylic acid made from coal tar.

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The disclosure in the recent past of the fact that many preparations contain opiates or other habit-forming or depressant drugs has no doubt cast suspicion more or less upon all preparations, whether deservedly or not, especially upon those intended for nervous conditions. Neurilla has always been and is now free from "dope" of any kind, and the National Pure Food and Drugs Act should have the effect of reassuring any physician of doubtful mind regarding Neurilla, as we would scarcely guarantee such a statement in the face of the law.

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CATARRHAL DISEASES OF THE NASO-PHARYNX.

By H. M. MARSH, M.D., Auburn, Ky.

As the season is now fast approaching when this class of diseases take up most of the physician's time and is the cause of more suffering among more people than almost all other dis-

eases combined, I wish to say something in regard to a simple and effective treatment of this class of diseases. In this climate this is the commonest of all diseases, there being very few who do not suffer from it in some of its various forms. Chronic nasal catarrh is in most cases a result of repeated attacks of acute catarrh or "common colds." In this short article it is not necessary to go into details or take up time or space with causes and symptoms, everyone is familiar with them. My object here is to simply give my plan of treatment plain and simple, yet eminently successful. In the treatment of these cases every physician is well aware of the fact that cleanliness is in most cases all that is necessary for a cure. Every physician also knows that in order to have a perfect cleansing agent it must be both alkaline and antiseptic. My success in treating these diseases, viz., acute and chronic nasal catarrh, including ozons, acute and chronic tonsillitis, pharyngitis, catarrhal deafness, etc., has been due almost entirely to the systematic and thorough cleansing of the mucous surface with Glyco-Thymoline. I have been using this ideal alkaline antiseptic in my practice for years and have never been disappointed in it.

Surgical Suggestions.

A pulsating tumor of the os ilium (endothelioma, sarcoma) may easily be mistaken for a gluteal aneurism.

The appearance of pus in the breast

of a woman who is not, or has not recently been nursing, is suspicious of some unusual form of infection, *e. g.*, tuberculosis.

Before putting an unconscious patient to bed, the hot water bags should be removed or sufficiently covered to prevent the occurrence of a burn.

After tracheotomy the air of the patient's room should be kept reasonably warm and moist. Draughts of cold air provoke much irritation.

Bleeding from capillary hemorrhoids high in the rectum usually yields to injections of cold water, or a cold solution of tannic acid. In these cases, however, it is important to exclude the presence of an ulcer further up.—*American Journal of Surgery*.

Book Notes.

Diseases of the Stomach.—A textbook for practitioners and students. By Max Einhorn, M.D., Professor of Clinical Medicine at the New York Post-Graduate Medical School and Hospital. Fourth Revised Edition. 559 pages. Cloth, \$3.50. Wm. Wood & Co., New York.

The author of this volume has been one of the leaders in perfecting the accurate methods of diagnosis in this special branch of medicine. In recent years great changes have been made in the treatment of diseases of the Stomach. Professor Einhorn gives the most advanced ideas on the subject.

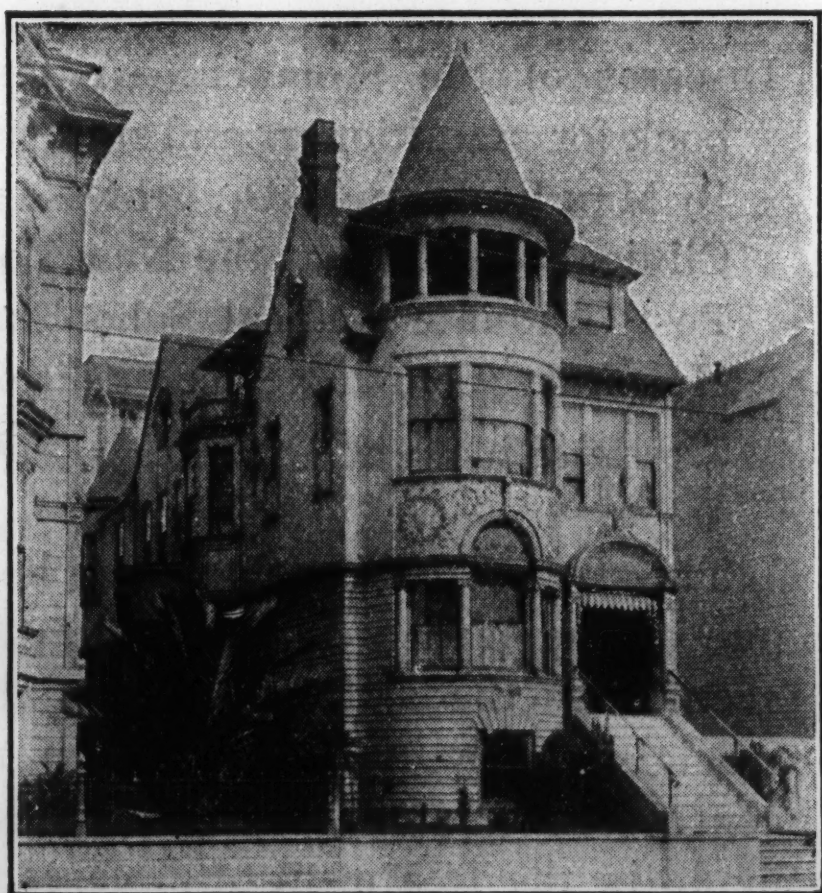
The Practitioners' Visiting List for 1907. An invaluable pocket-sized book containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The Weekly, Monthly and 30-Patient Perpetual contain 32 pages of data and 160 pages of classified blanks. The 60-Patient Perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil and rubber, and calendar for two years. Price by mail, postpaid, to any address, \$1.25. Thumb-letter index, 25 cents extra. Descriptive circular showing the several styles sent on request. Lea Brothers & Co., Publishers, Philadelphia and New York, 1906.

Transactions of the Ohio State Eclectic Medical Association for 1906.

This volume gives the Proceedings, Addresses, Reports, Papers and Essays of the Forty-second Annual Meeting. It is a valuable Contribution to Eclectic literature.

Syllabus of Materia Medica, by Warren Coleman, M.D., Professor of Clinical Medicine, and Instructor in Materia Medica and Therapeutics, Cornell University Medical College. 186 pages. Cloth, \$1.00. Wm. Wood & Co., New York.

This is a handy little volume and gives the essentials of old school medicine, classifying and giving the action and uses of drugs commonly used by the physician.



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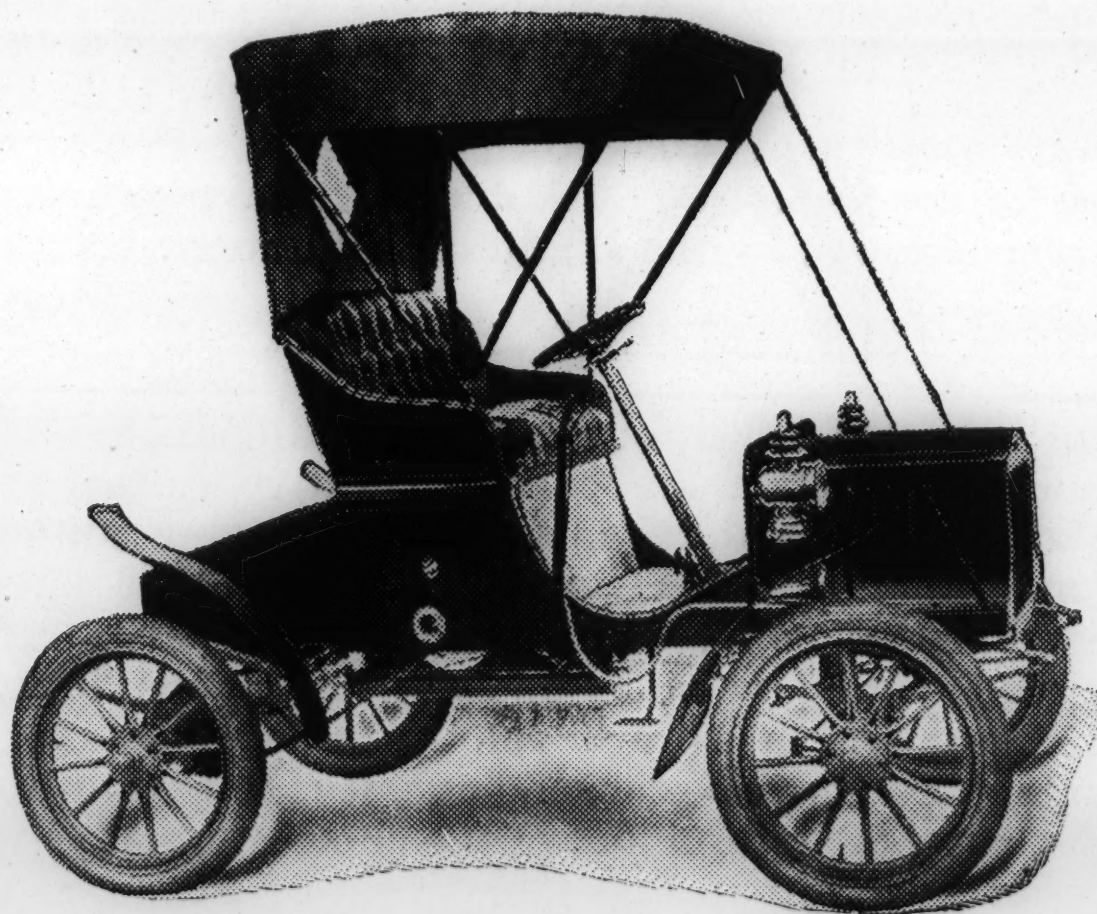
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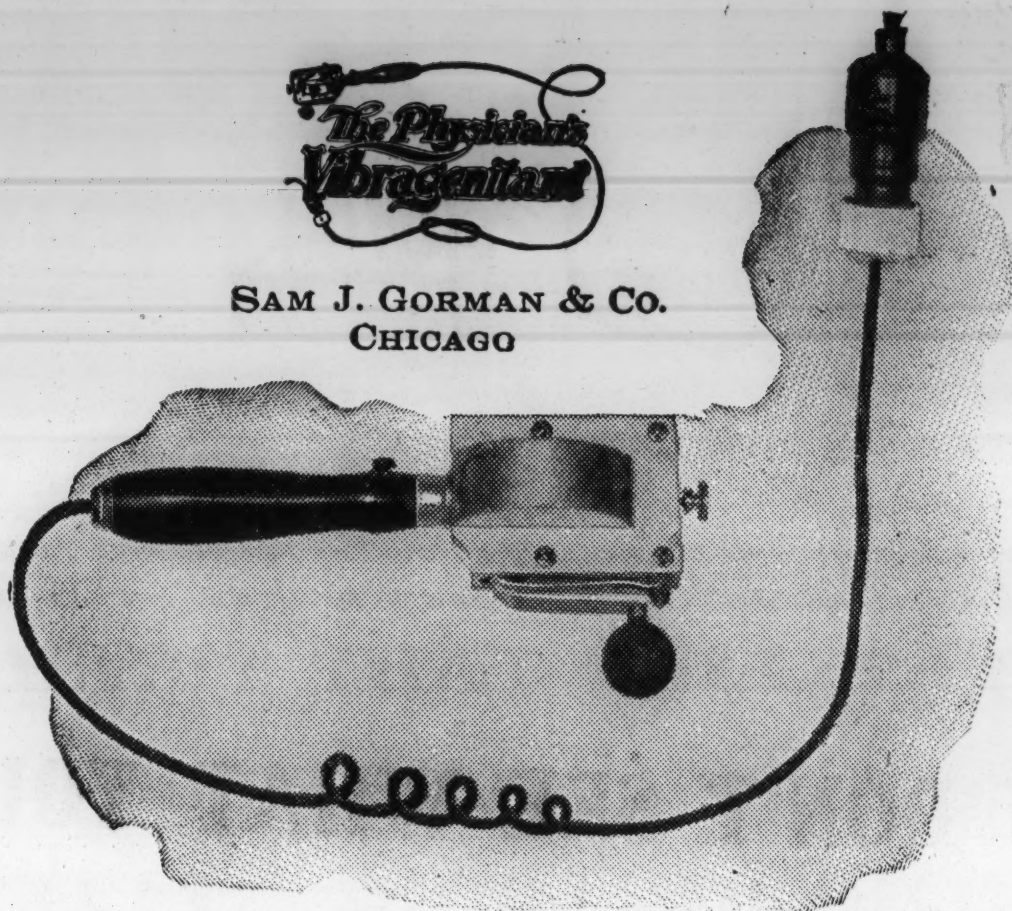
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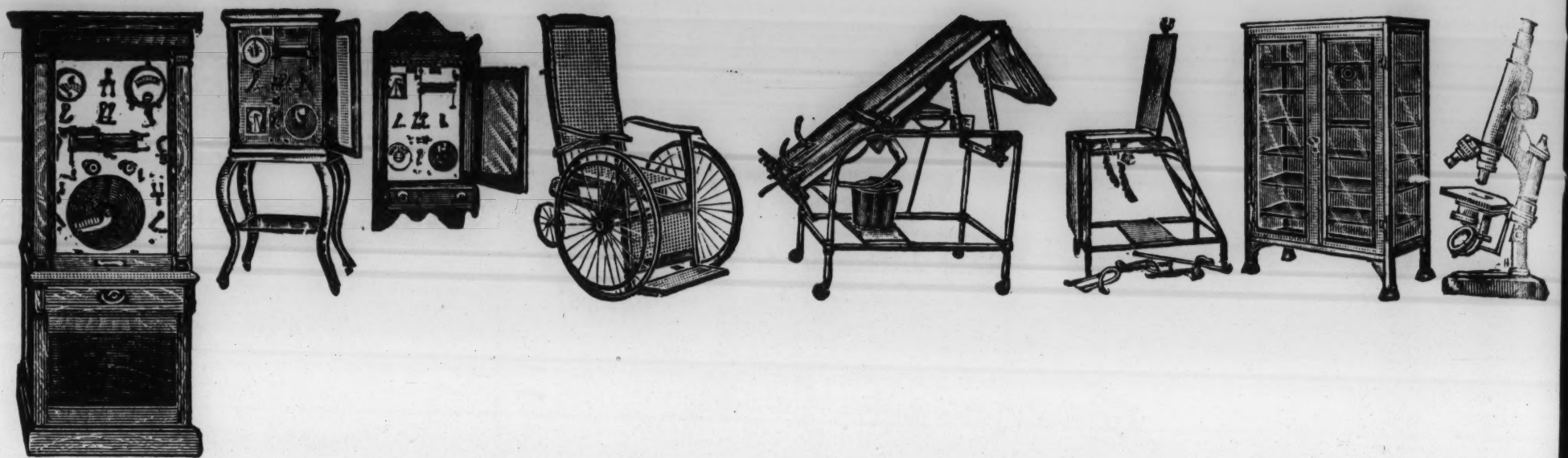
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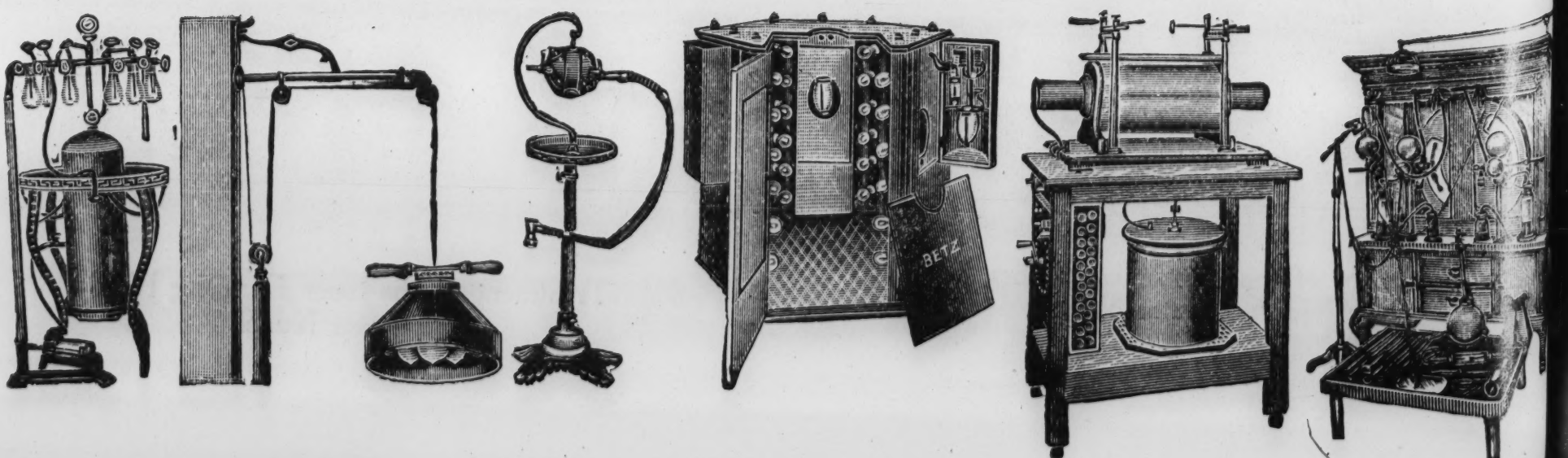
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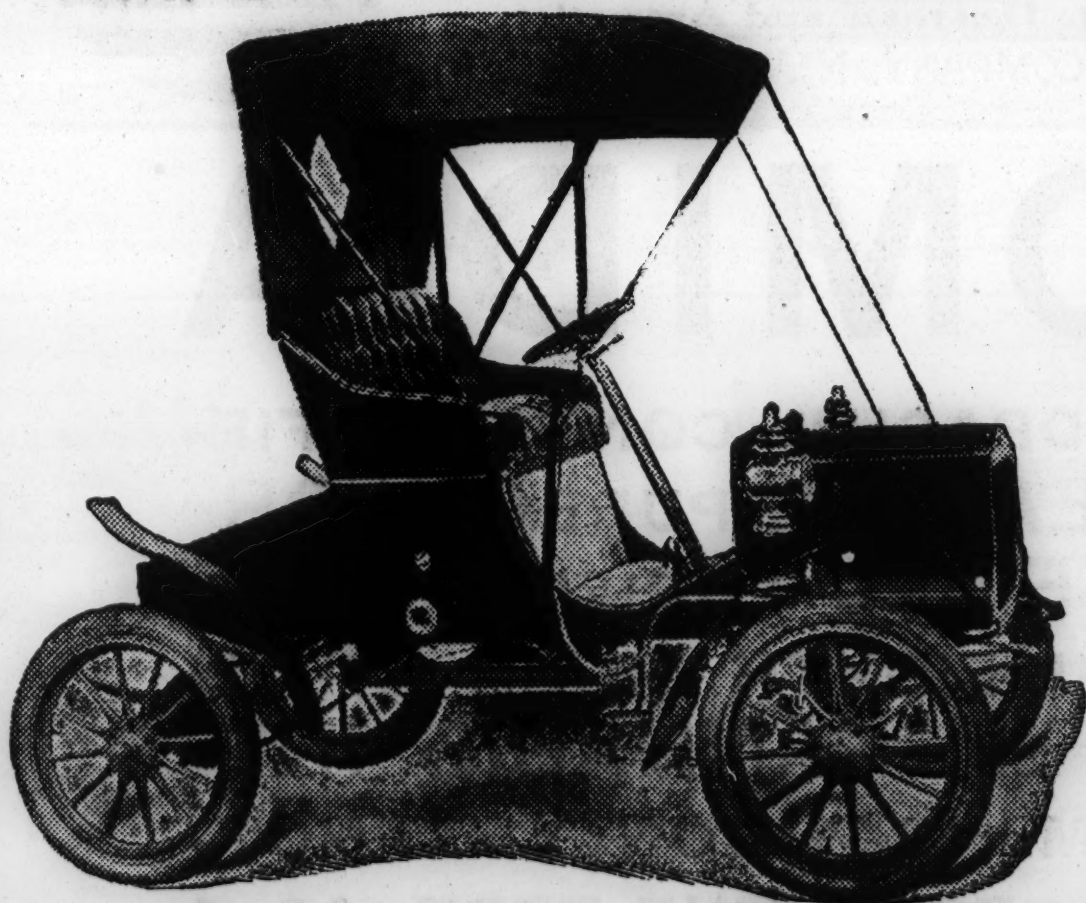
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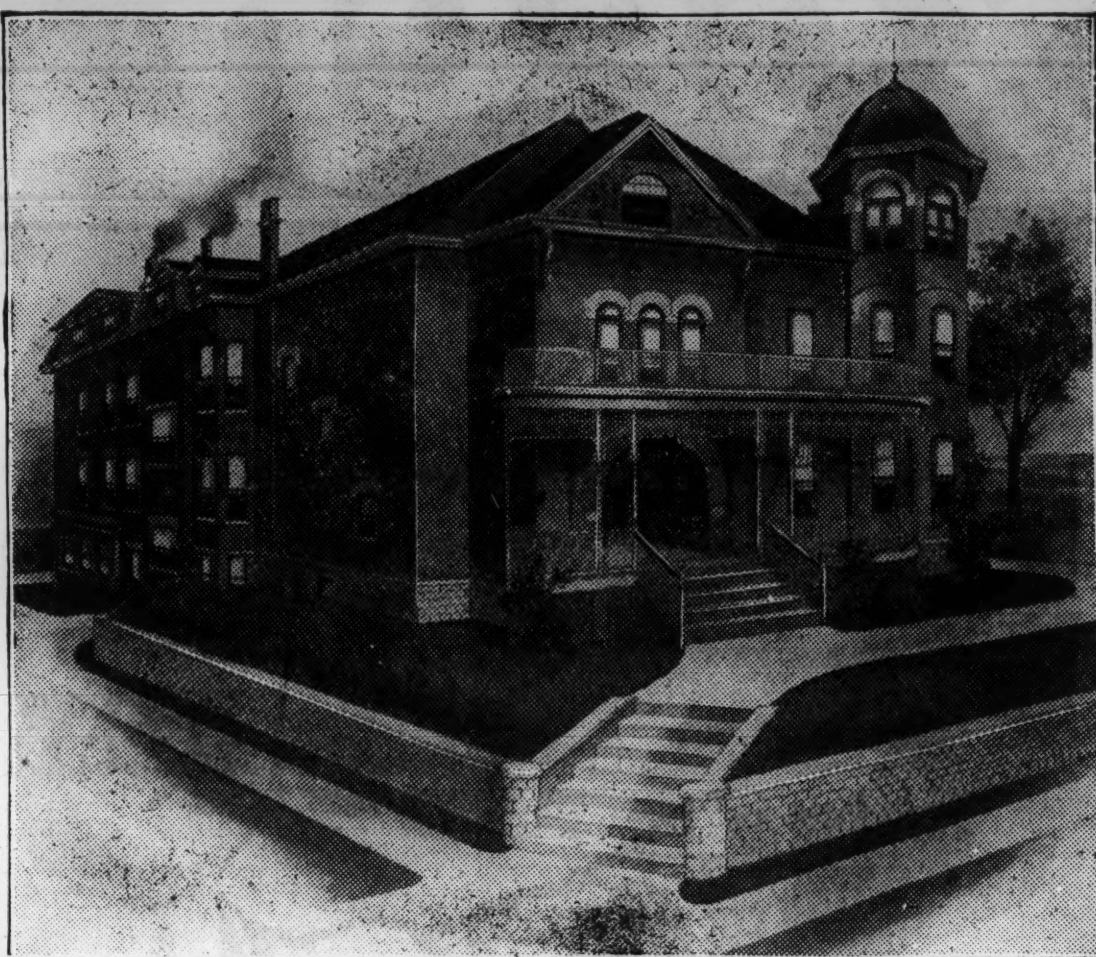
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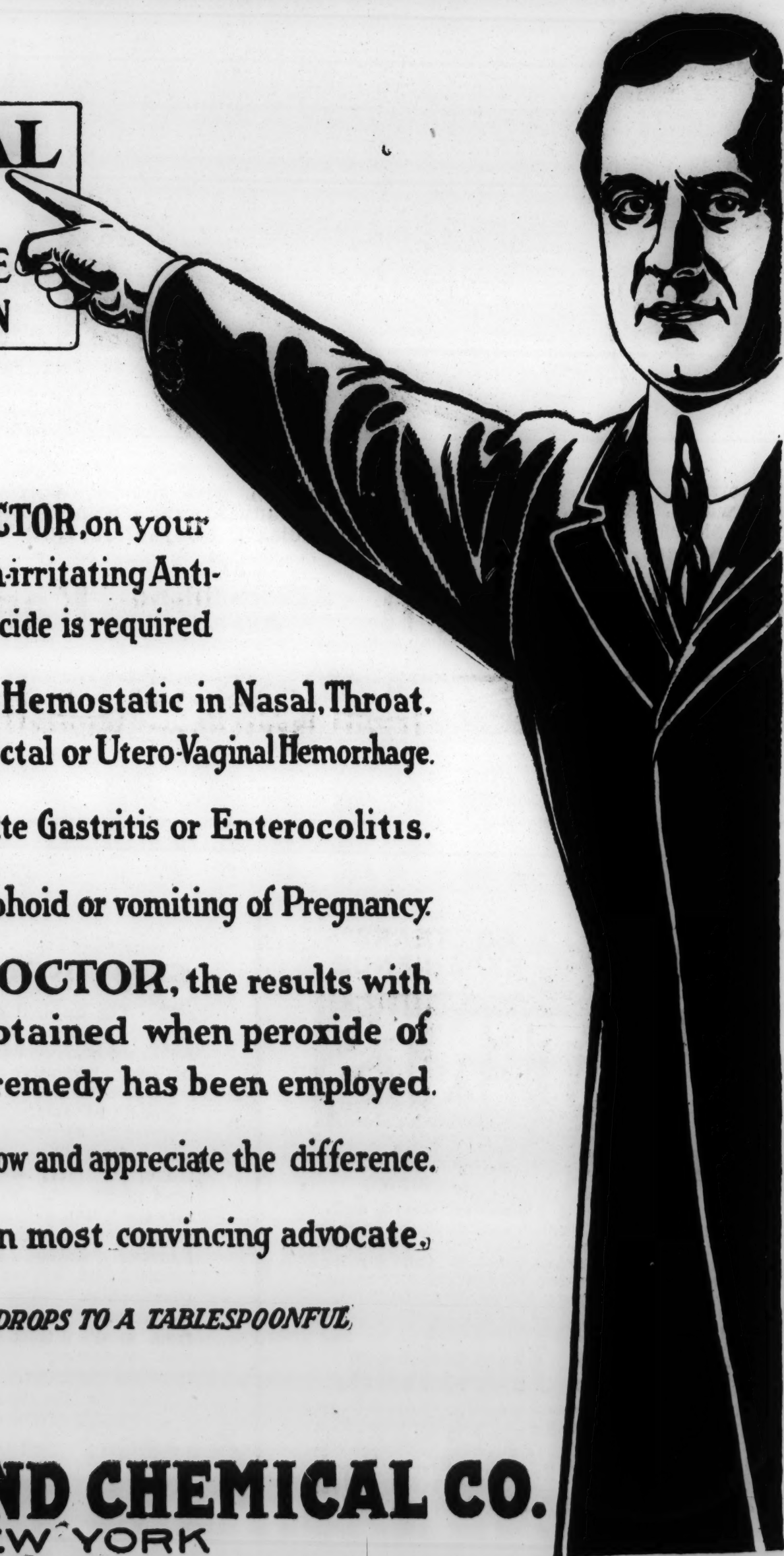
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